	SN FINANCE R E OF WISCONS		ł	
Is This Report an Amendment:	No No		MILWAUKEE ELECTION CO	COUNTY
Instructions for completing schedules are on the back of each schedule.				
COMMITTEE IDENTIFICATION			2011 JAN 31	A 9 12
Name of Committee	Call	11 6	RECEI	VED (1)
Street Address	y for loa	enty superil	OFFICE	USE ONLY
Name of Committee FRIENDS OF LEE HUllow A Street Address 2836 N. GRANT B/ City. State and Zip Code	vd			33.1
MI WAUKER WI 532	-10		WSEB ID Number	
Please check if address is different than previously reported, a		paign Registration Sta	atement in the back o	of this form.
NAME OF REPORT				
January Continuing 2011 Pre-Primary	Spring [Fall Spec	cial	
July Continuing Pre-Election	for and the			Termination Report
	Spring [Fall Spec	cial disc	complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Column B	Andit	ted Totals
DISBURSEMENTS	This Period	Calendar		Use Only
1. RECEIPTS		Year-To-Date	, , , , , , , , , , , , , , , , , , ,	
1A. Contributions (Including Loans) from Individuals	s O	s &	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	s -6	s	\$
IC. Other Income and Commercial Loans	\$ -0	\$ -	s	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0	\$ -	s	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 234.00	\$ 234,00	\$ 234.00	s 309.00
2B. Contributions to Committees (Transfers-Out)	\$ 150,00	\$ 150,00	\$ 150.00	\$ 150.06
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 384.00	\$ 384.00	\$ 384.00	\$ 459.00
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 9, 214,96		s 9	214.96
Total Receipts	s -0	>	s	
Subtotal	\$ 9214.96		s 9.	214.96
Total Disbursements	\$ 384,00	2	\$	384.00
CASH BALANCE END OF REPORT	\$ 1830,96	,	s 8	830.96
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	5		s	
LOANS (Balance at the Close of This Period-3B)	\$ 6350,00		s 6	350.00
I certify that I have examined this report and to the best o			rect and complete.	
1 1	nature of Candidate or Tr	easurer // 1/1	Date: /- 7	9-2011
HNDAR HOllowAY	Tynda	Hallow	Constitute Phone: A	1/4-878-118>

The information on this form is required by ss.11.00, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

DISBURSEMENTS Gross Expenditures

Page 2 of 5

Complete Commit			4	
FRIENDA	ds of Lee Holloway for Coun	Hy Superviso	in .	
Instructions for	completing schedules are on the back of each schedule.	<i>-</i>	•	
Date 10.16 1/0	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made System PAREI W 170 N Setters of St. M. W. W. T. S. 3.20 & Check If: [] In-Kind Offset	Specific Purpose of Expenditure	#25,00	Office Use
Date	Full Name Malling Address and Zio Code	Specific Purpose of Expenditure	Amount	Office Use
11:29:10	Of Person or Business to Whom Payment is Made AROLA MESTER AROLA MESTER AROLA MESTER MILW. WT 53233 Check if: B In-Kind Offset	Periodicals	\$ 25,00	-
Date 12 96	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made UNITED STATES 5.571 W. Center St.	Specific Purpose of Expenditure Postage	#17600	Office Use
Date	Check if: In-Kind Offset 5 3 2 / Check If: In-Kind Offset 5 / Check If:	Specific Purpose of	Amount	Office Use
1 1	Of Person or Business to Whom Payment is Made	Expenditure		
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 1	Of Person or Business to Whom Payment is Made	Expenditure	Suloni	J.inca usa
	Check if: 🗍 In-Kind Offset			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: [.] In-Kind Offsel			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: In-Kind Offset			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: n-Kind Offset			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: In-Kind Offset			
	SUBTOTAL ITEMIZED EX	KPENDITURES THIS PAGE	\$ 226.00	226.00
	TOTAL I	TEMIZED EXPENDITURES	: 226.00	226.00
	TOTAL UNITEMIZED EXP	ENDITURES \$20 OR LESS	\$ 8000	9.00
		TOTAL EXPENDITURES	: 234,00	234.00



DISBURSEMENTS Contributions To Committees (Transfers-Out)

2	
Page of	

Complete Comm	ittee Name	0 4 (e e	
PRICE	Nds of Lee Holloway 7	OR COUNTY	Supervisor	
Instructions for	completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
0908 10	Elizabeth Coggs for state Represent a trop 137 No 32 No 53216	A150,00	\$150.00	
	Check if: A In-Kind Loan 10# 53216	, , ,	,, -	
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar	Office Use
1 1			Year-To-Date Total	
Date	Check if: 5 In-Kind 5 Loan ID#	Amount	Calendar	Office Use
1 1		7 4110 4111	Year-To-Date Total	311103 030
	Check if: [2] In-Kind [2] Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount -	Calendar Year-To-Date Total	Office Use
' '			•	
	Check if: 🖸 In-Kind 🖸 Loan ID#			!
Date	Check if: S In-Kind S Loan ID# Full Name, Malling Address and Zip Code	Amount	Calendar	Office Use
1 1			Year-To-Date Total	
Date	Check if: In-Kind Loan ID#			
/ /	Foil Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
' '		n	·	
	Check if: [] In-Kind [] Loan ID#		ļ	
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1			1027-10-0416 10121	
Date	Check if:	Amount	Calendar	Office Use
1 1			Year-To-Date Total	
D-1-	Check if: [] In-Kind [] Loan ID#			
Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1				
	Check if: 1 to-Kind 1 Loan ID#			
Date	Check if: In-Kind Loan ID# Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1			real-ro-Date rota:	
				·
	Check if: [7] In-Kind [7] Loan ID#			
ÇIII	RETOTAL CONTRICTIONS (Transfers Out THIS BACE	. 150,00		150,00
302	NOTES SOUTHING HOUSE (HIGHS FAGE	(= 2 2)	1	150.00
TOTAL CON	STOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE TRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 150,00		150.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Page $\frac{\text{Hof}}{5}$

Individual, Committee or Commercial

TRIENDS of Lee h	tolloway for Cou	Nty Sup	renvison		
Instructions for completing schedules are or	the back of each schedule	7			
Full Name Mailing Address and	The Code of Lance Const.	Outstanding	T T	Cumulative	Outstanding
Lee Hu	1/012 AS	Balance Beginning	New Loans This	Payments	Balance
Date 285(0 N	Creast Rlud	of This Period	Period	This Period	End of This Period
19911 milw. w	Chart Blud. 53210	\$6350w			\$ 350av
List All Endorsers or Guarantors (if any)					10 320
Full Name, Mailing Address and Zip Code	Occupation				•
of Guarantor					
	Name and Address of Employer				
	Amount Guaranteed Outstanding				
Full Name, Mailing Address and Zip Code	S - Occupation				
of Guarantor	Оссаранон				
	Name and Address of Employer				
	Amount Guaranteed Outstanding				
	\$,	
Full Name, Mailing Address and	1 Zip Code of Loan Source	Outstanding		Cumulative	Outstanding
		Balance Beginning of This Period	New Loans This Period	Payments This Period	Balance End of This Period
Date			,	711.57 0.20	Lind of This Feriod
1 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code	Occupation				
of Guarantor	Coccupation				
	Name and Address of Employer	, <u> </u>			
,	Amount Guaranteed Outstanding				
Full Name, Mailing Address and Zip Code	S				
of Guarantor	Occupation			1 1	
	Name and Address of Employer				
	Amount Guaranteed Outstanding				
Sull Name Malling Addition	\\$			<u>,</u>	
Full Name, Mailing Address and	3 ZIP Code of Loan Source	Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding
Date		of This Period	Period	This Period	Balance End of This Period
				·	
List All Endorsers or Guarantors (If any)					
Full Name, Mailing Address and Zip Code	Occupation				,
of Guarantor					
	Name and Address of Employer				
	Amount Guaranteed Outstanding				
	s				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Name and Address of Employer				
	l compage			1	
	Amount Guaranteed Outstanding				
	s				
		SURTOTALO	UTSTANDING LOA	Me ture sac-	

TOTAL OUTSTANDING LOANS \$ 6350, 0



M&I MARSHALL & ILSLEY BANK

0010051509

Page 1 of 2

P 0 BOX 2045 MILWAUKEE WI 53201-2045 ими.mibank.com

Call 414-259-9929 or 1-888-464-5463 For 24-Hour Account Information or Current Rates

098-0027100-77604-0 FRIENDS OF LEE HOLLOWAY FOR FOR COUNTY SUPERVISOR 2836 N GRANT BLVD MILWAUKEE WI 53210-2424

Statement Closing Date December 31, 2010

BUSINESS DEPOSIT AND TREASURY MANAGEMENT PRICE CHANGES, EFFECTIVE JANUARY 1, 2011, ARE AVAILABLE FOR VIEWING AT MIBANK.COMIBUSINESSFEESCHEDULE. YOU WILL BE ASKED TO ENTER YOUR ANALYSIS TYPE, WHICH CAN BE FOUND AT THE TOP OF THIS STATEMENT. IF YOU DO NOT HAVE INTERNET ACCESS OR CANNOT VIEW THIS INFORMATION, PLEASE CALL 1-888-464-5463, OPTION 2.

SMALL
BUSINESS
CHECKING

Analysis Type: 11488

Activity on y	our account					
Date	Deposits	Check	s/Charges	Descrip	tion	
Dec 23 Dec 27			25.00 176.00	CHECK CHECK	1960 1970*	
	0.00		201.00	Totals		
Average Leo	lger Balance	8,996.31				
Beginning B	alance	9,031.96		Ending i	Balance	8,830.96
Daily Balanc	:es					
Nov 30	9,031.96	Dec 23	9,006.9)6	Dec 27	8,830.96 🗸